



Discovery Dive Crew Membership Application

Welcome to the Discovery Dive Crew! As either new or returning members, please fill out the following information making sure to **sign and date** the form. You can either drop off the form at Discovery Dive World or mail the application to:

Discovery Dive Crew – Application
92 S. John Sims Pkwy
Valparaiso, FL 32580

Membership

New
Renewal **

Membership Type

Individual - \$45
Family - \$80 (2 to 4 family members
living at the same address)

Monthly Newsletter

I understand that I will receive a periodic newsletter via email and that I can unsubscribe at any time, without affecting my membership or its benefits.

Membership Waiver

I HEREBY ACKNOWLEDGE that SCUBA/skin diving and related activities can be dangerous. The possibility of serious injury or death is present. Discovery Dive Crew promotes safe diving practices in its activities, but cannot guarantee that accidents will not occur. I understand that Discovery Dive Crew does not require me to participate in any club activities, and I freely choose to do so, despite the possible dangers and risks.

If I engage in scuba diving, I affirm that I am a certified diver or a student diver under the control and supervision of a certified scuba instructor, and that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. I certify that I am fully aware of and expressly assume all risks involved in scuba diving, snorkeling, boating and any related activities.

I understand and agree that neither Discovery Dive Crew, Discovery Dive World nor PADI Americas, Inc. nor its affiliate or subsidiary corporations, nor the owners, officers, employees, agents, contractors or assigns of the above listed entities (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in any activities or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further state that I am of lawful age and legally competent to sign this Liability Release Agreement, or that I have obtained the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights.

I further agree that if any provision of this agreement is found to be unenforceable or invalid, that provision shall be severed from this agreement. The remainder of this agreement will then be construed as though the unenforceable provision had never been contained herein. I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my injury or death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, BY SIGNING THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Member (s) Information / Signature(s)

**** Note:** If you are renewing your membership and none of your information has changed, all you need to do is review the member waiver information and then print your name, sign and date the form and then return this form with your dues.

(* denotes required field)

Primary Member Information

* Name (First, Last) _____ Certification Level: _____

* Home Street Address: _____

* City _____ * State _____ * Zip _____

* Cell Phone: _____

* Email: _____

* Signature: _____ Date: _____

Additional Member Information - For use when applying for a family membership. Each family member must fill out their name and sign below to acknowledge that they have read the waiver above. Note that family members must all live at the same address.

Family Member No. 1

* Name (First, Last) _____ Certification Level: _____

Cell Phone (optional): _____ * Age (if under 18) _____

* Email: _____

* Signature: _____ Date: _____

Family Member No. 2

* Name (First, Last) _____ Certification Level: _____

Cell Phone (optional): _____ * Age (if under 18) _____

* Email: _____

* Signature: _____ Date: _____

Family Member No. 3

* Name (First, Last) _____ Certification Level: _____

Cell Phone (optional): _____ * Age (if under 18) _____

* Email: _____

* Signature: _____ Date: _____